

States' Opportunities to Improve Child Development Through Medicaid

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The Commonwealth Fund



“The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection...”

From Neurons to Neighborhoods, 2001

Child health care providers are in a unique position to identify children with and at risk for developmental problems, to evaluate their developmental status, and to initiate appropriate interventions.

Desired Outcomes of Well Child Care Age 5

Physical health and development

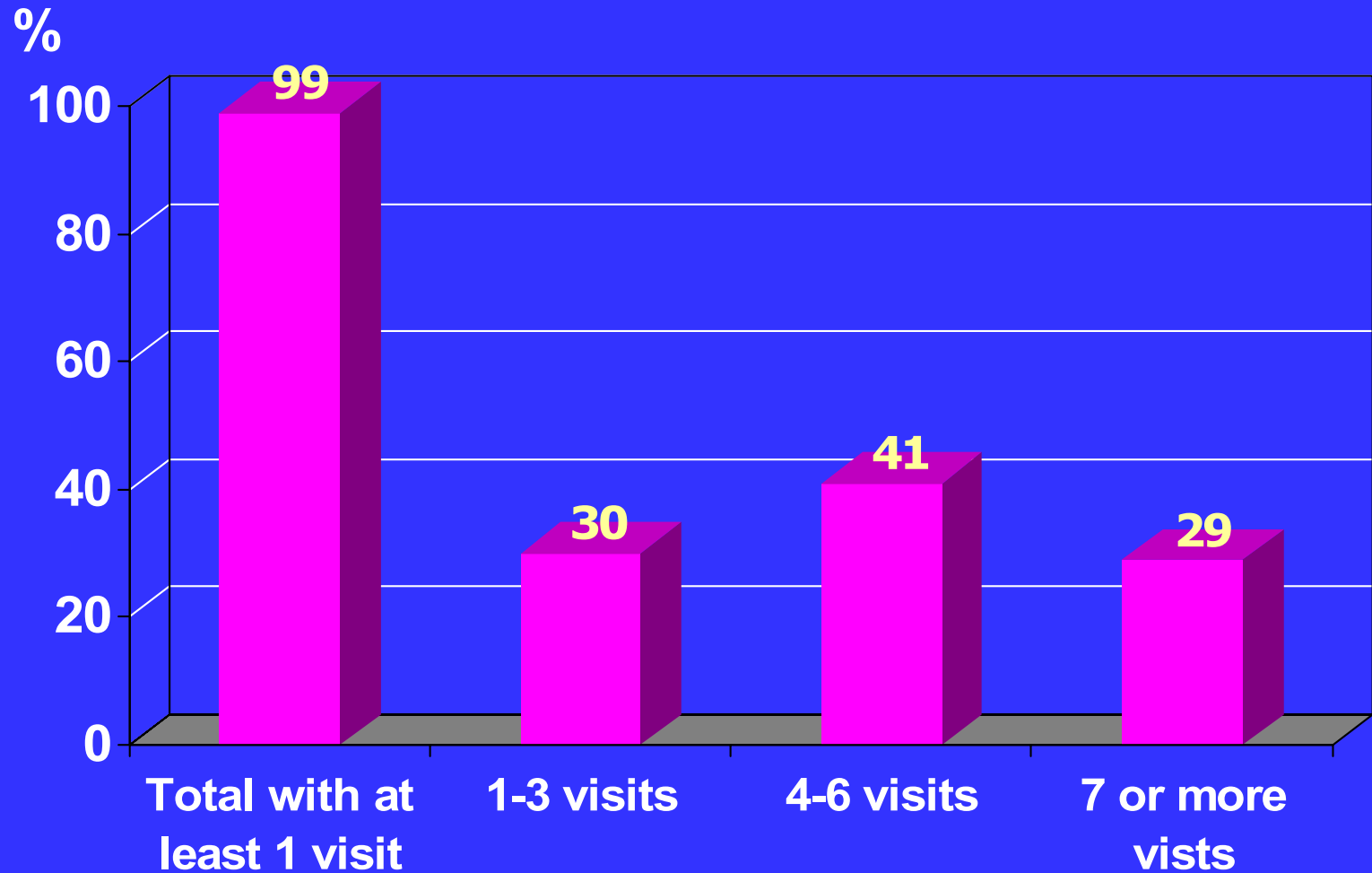
- No undetected hearing or vision problem
- No chronic health problems without a treatment plan
- Immunizations complete for age
- No untreated dental caries
- No undetected congenital anomalies
- Good nutritional habits and no obesity
- No exposure to tobacco smoke

Desired Outcomes of Well Child Care Age 5

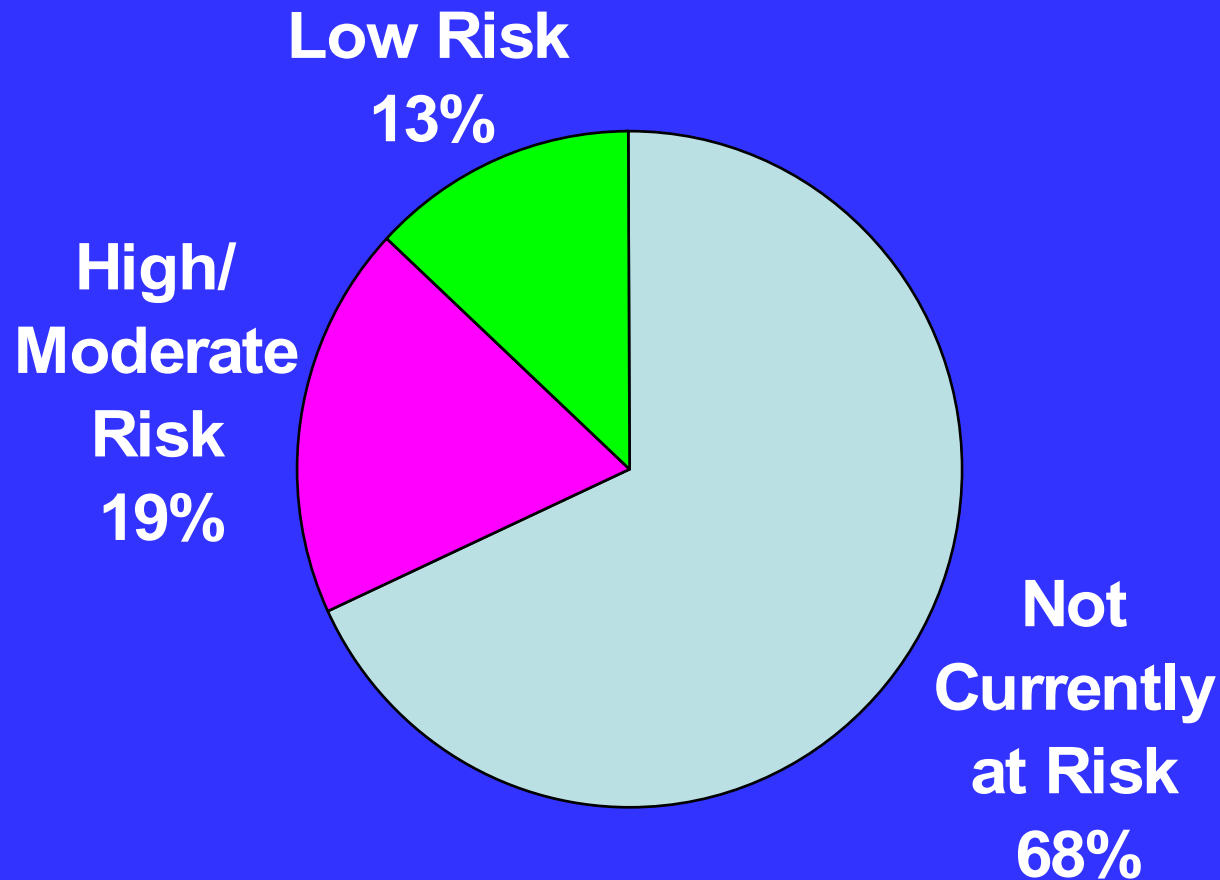
Emotional, social and cognitive development

- No unrecognized or untreated developmental delays (emotional, social, cognitive, communication)
- No unrecognized maternal depression, family violence, or family substance abuse
- Parents knowledgeable and skilled to anticipate and meet child's developmental needs
- Parents linked to all appropriate community services

Percent Of Children Who Saw A Pediatric Clinician In Past Year



Young Children in Medicaid at Significant Risk for Developmental Delays



Developmental Services Primary Care Child Health Providers Should Provide

- Educate parents
- Screen families and children for risks and problems
- Treat children and counsel parents
- Make referrals and follow-up care

Missed Opportunities

- 44-79% of parents report not discussing important child development topics with their pediatricians
- About 57% of parents report receiving a developmental assessment of any kind
- Only half of “exemplary” practices refer children to developmental programs
- Parents concerns are often not elicited or addressed.

“...government has the necessary influence, the attention and respect of the healthcare sector in pursuit of quality. There is no other stakeholder with such a combination of roles and influence”

Institute of Medicine, Leadership by Example, 2003

“...no other entity in America today is in a better position to influence the health and health care for young children than states.”

Vernon K. Smith, 2005

E

Early

P

Periodic

S

Screening

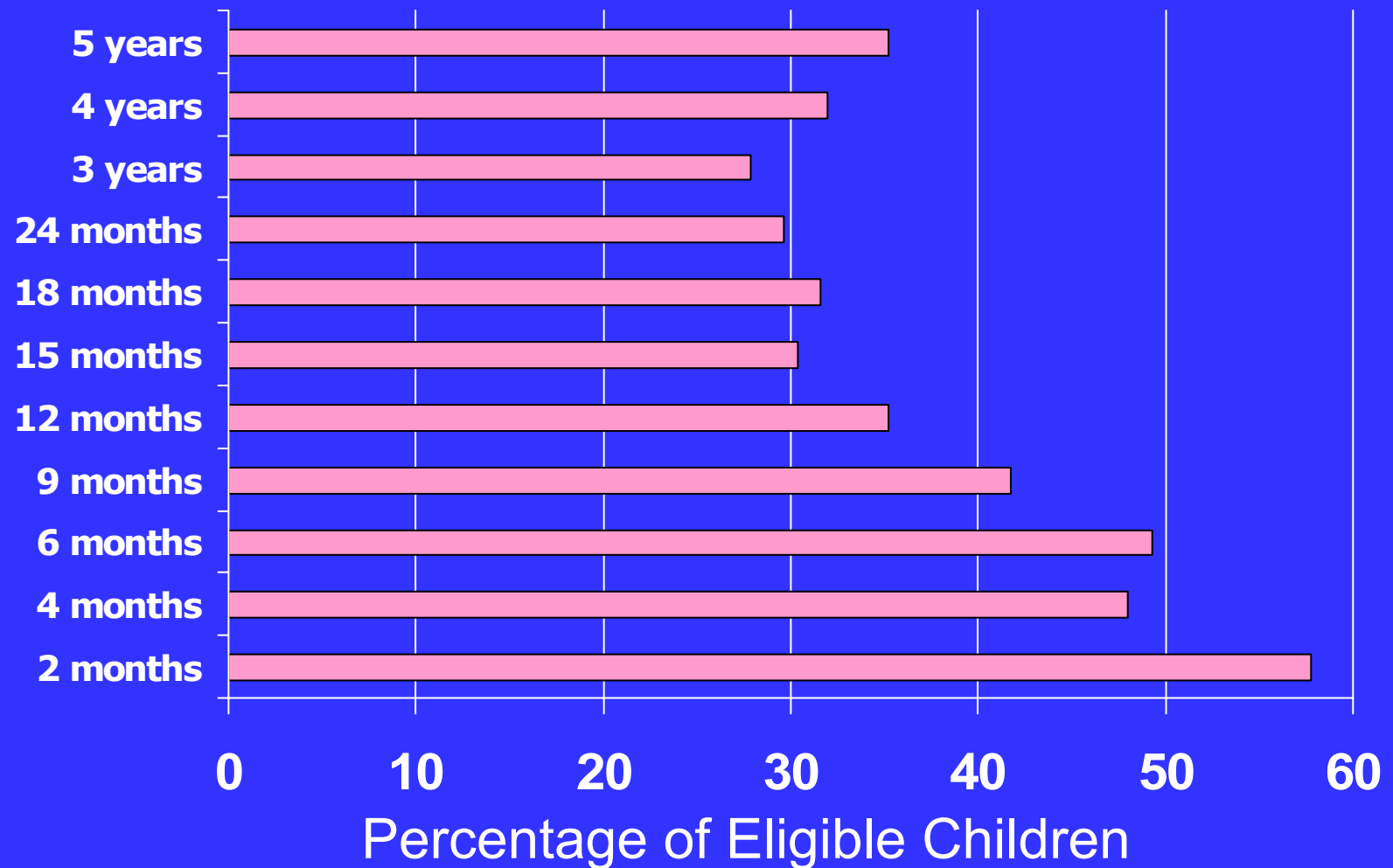
D

Diagnosis

T

Treatment

Proportion of Medicaid Children Who Received an EPSDT Visit, by Age -- Iowa, 1999

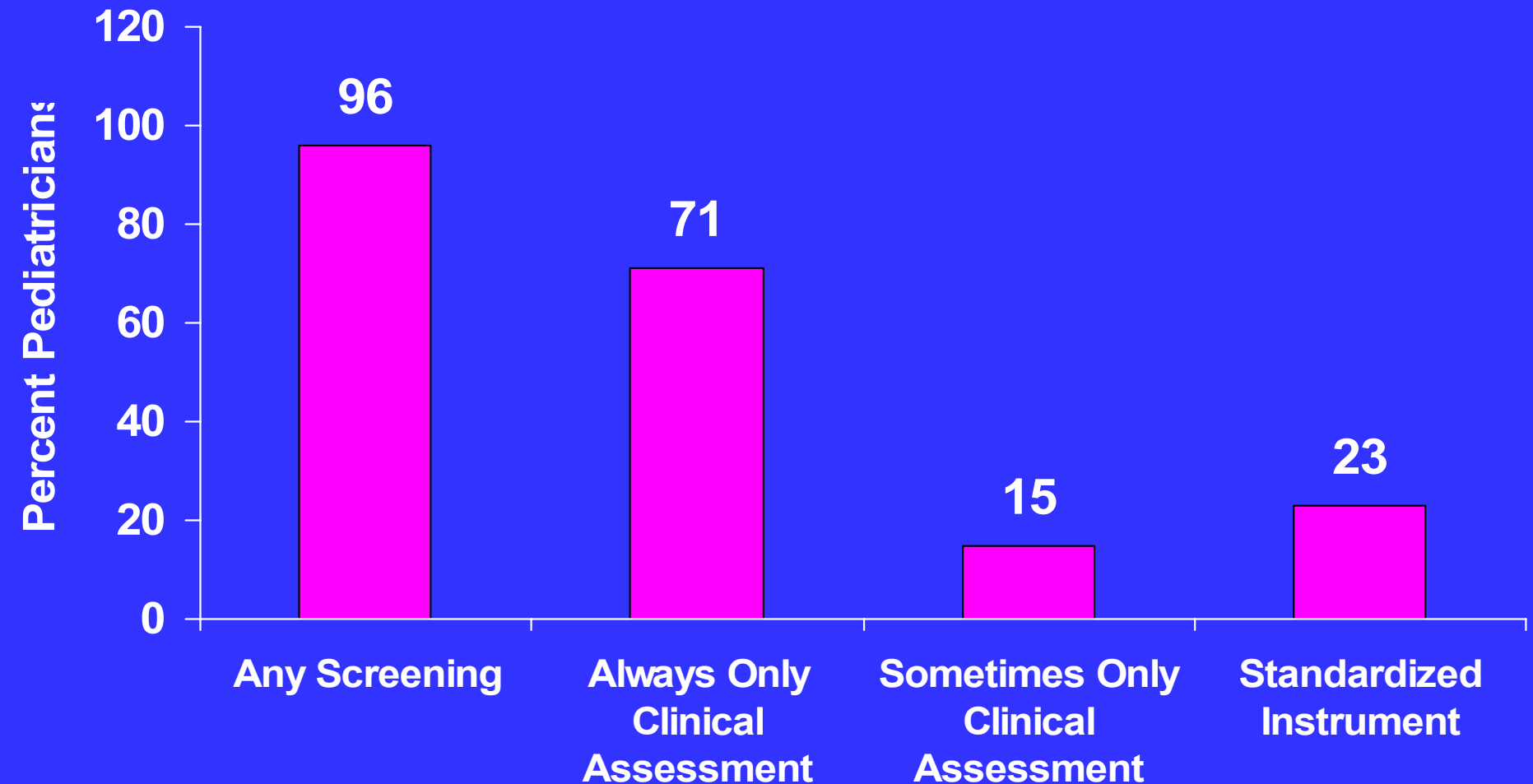


COMPLETENESS OF EPSDT VISITS

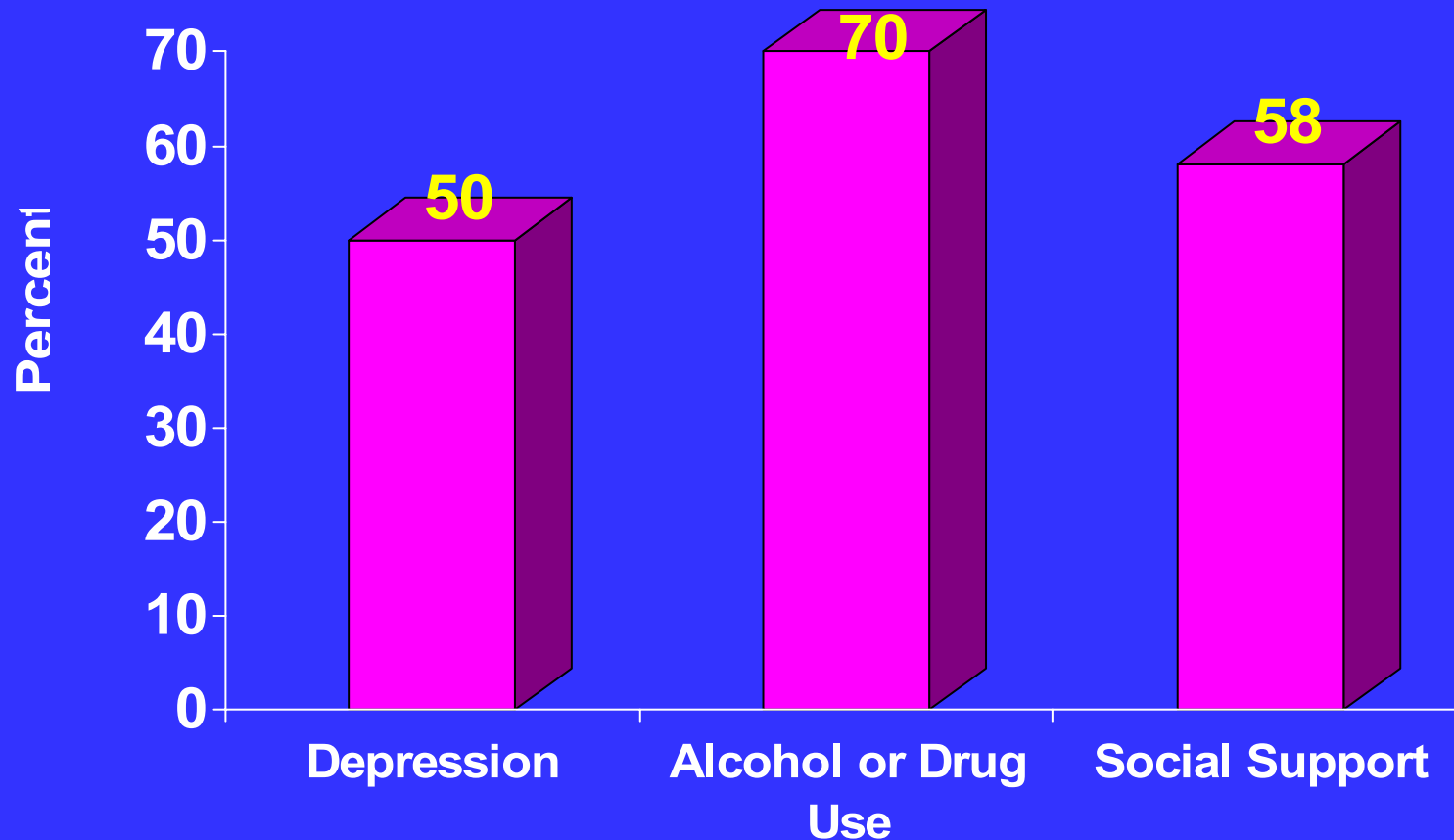
(Chart Audit Data -- Iowa, 1999)

<u>AGE</u>	<u>12 Mos.</u>	<u>5 Yrs.</u>
HISTORY	37%	34%
PHYSICAL	66%	59%
HEIGHT	73%	75%
WEIGHT	96%	96%
HEAD CIRC.	61%	n/a
NUTRITION	58%	21%
VISION	10%	41%
HEARING	9%	16%
DEVELOPMENT	73%	46%
HEALTH EDUC.	61%	36%
IMMUNIZATION	63%	68%

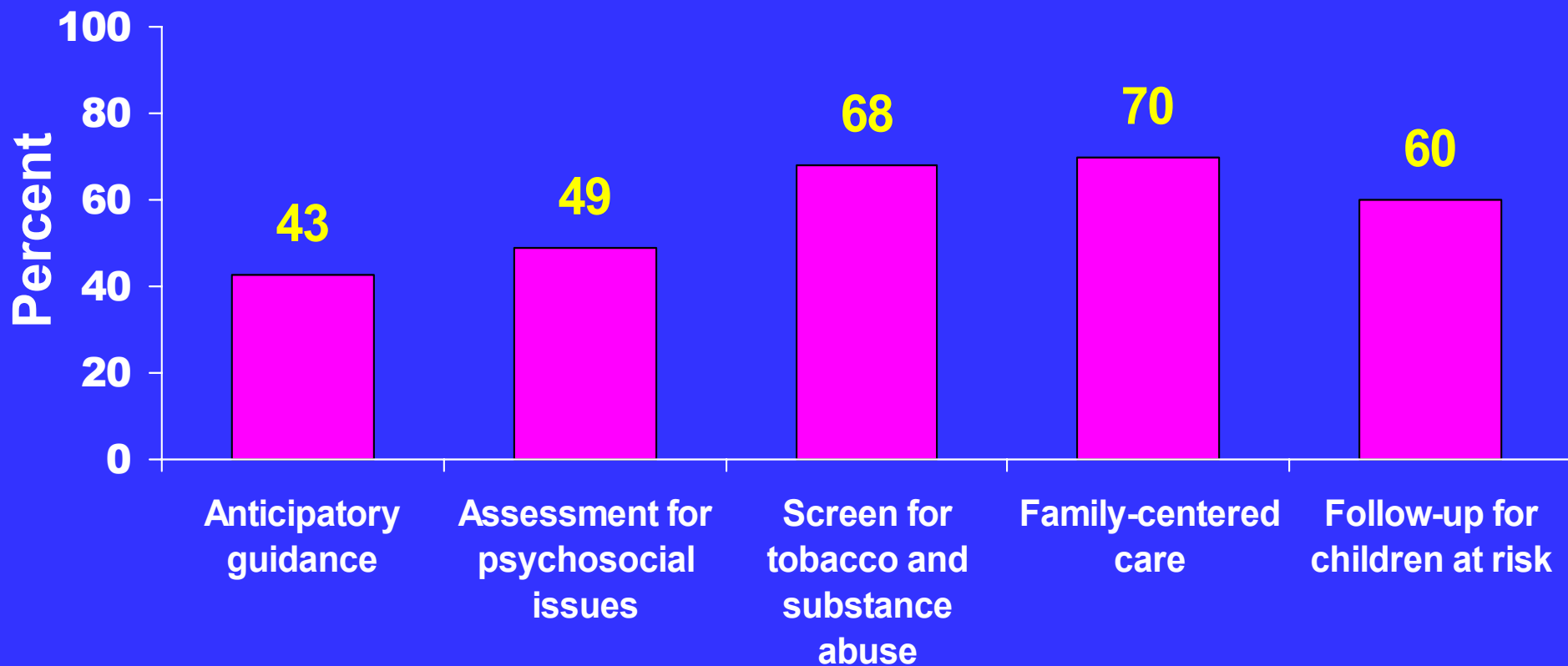
Developmental Screening of Young Children by Pediatricians



Parent Health Asked About by Child's Health Care Providers



Proportion of Young Children in Medicaid Receiving Good Quality Health Care



Commonwealth Fund Initiatives

- Statewide referral system for children with developmental concerns
- Multi-state consortium to measure quality of EPSDT developmental services
- Creation of statewide quality improvement partnerships
- Promote Medicaid's use of external quality review organizations to assess developmental services

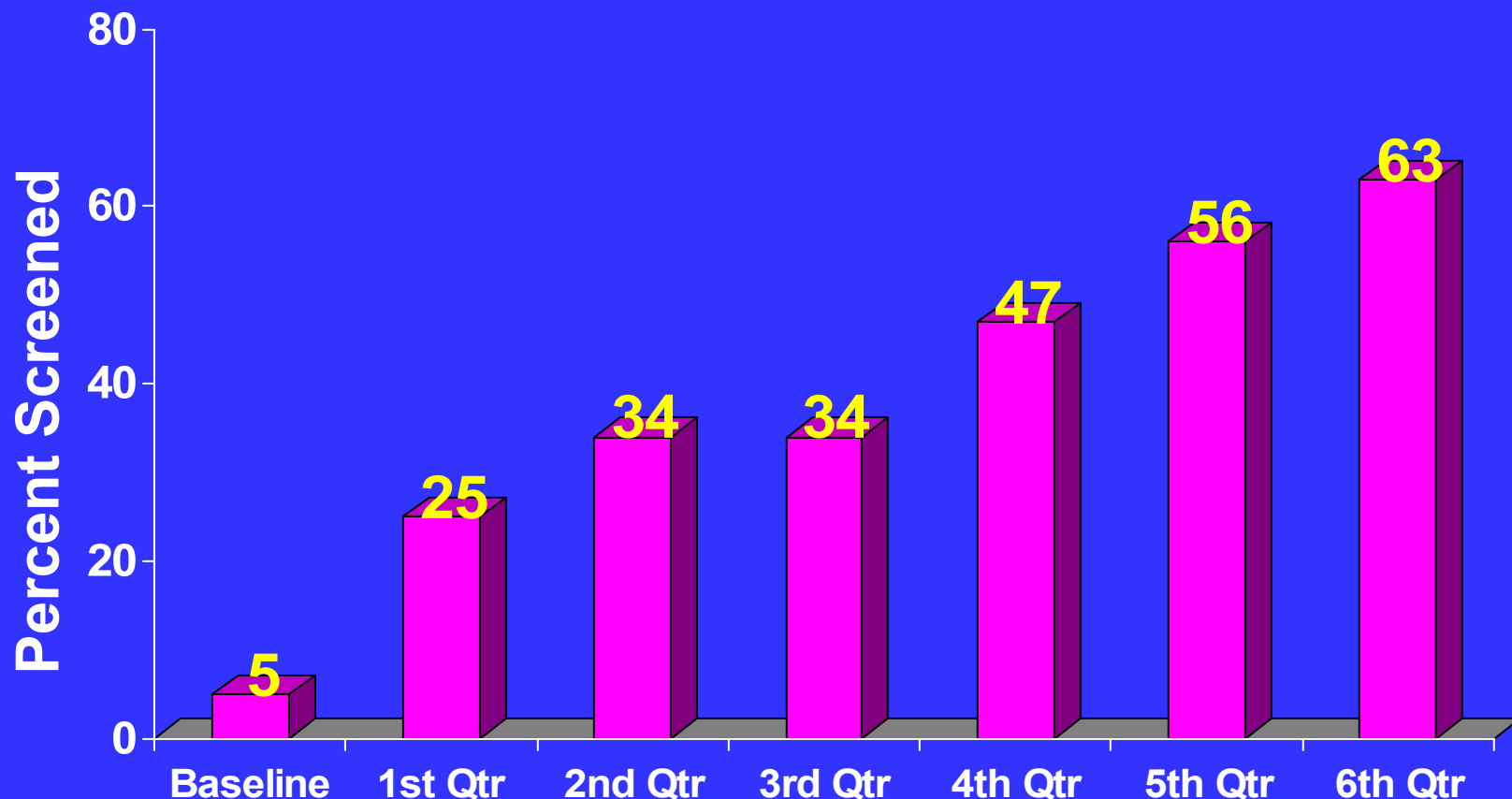
ABCD I Project Objectives

	NC	UT	VT	WA
Developmental Screening	●	●	●	●
Policy or Regulation	●	●	●	●
Home Visiting	●	●	●	
Agency Coordination	●	●	●	●
Parents' Knowledge	●	●	●	●
Clinicians' Skills	●		●	●

ABCD I: Financing and Reimbursement Strategies

	NC	UT	VT	WA
Targeted Case Management		●	●	
Incentive Payments			●	●
Expansion of Service Site Criteria	●		●	
Revisions to Billing Code	●		●	

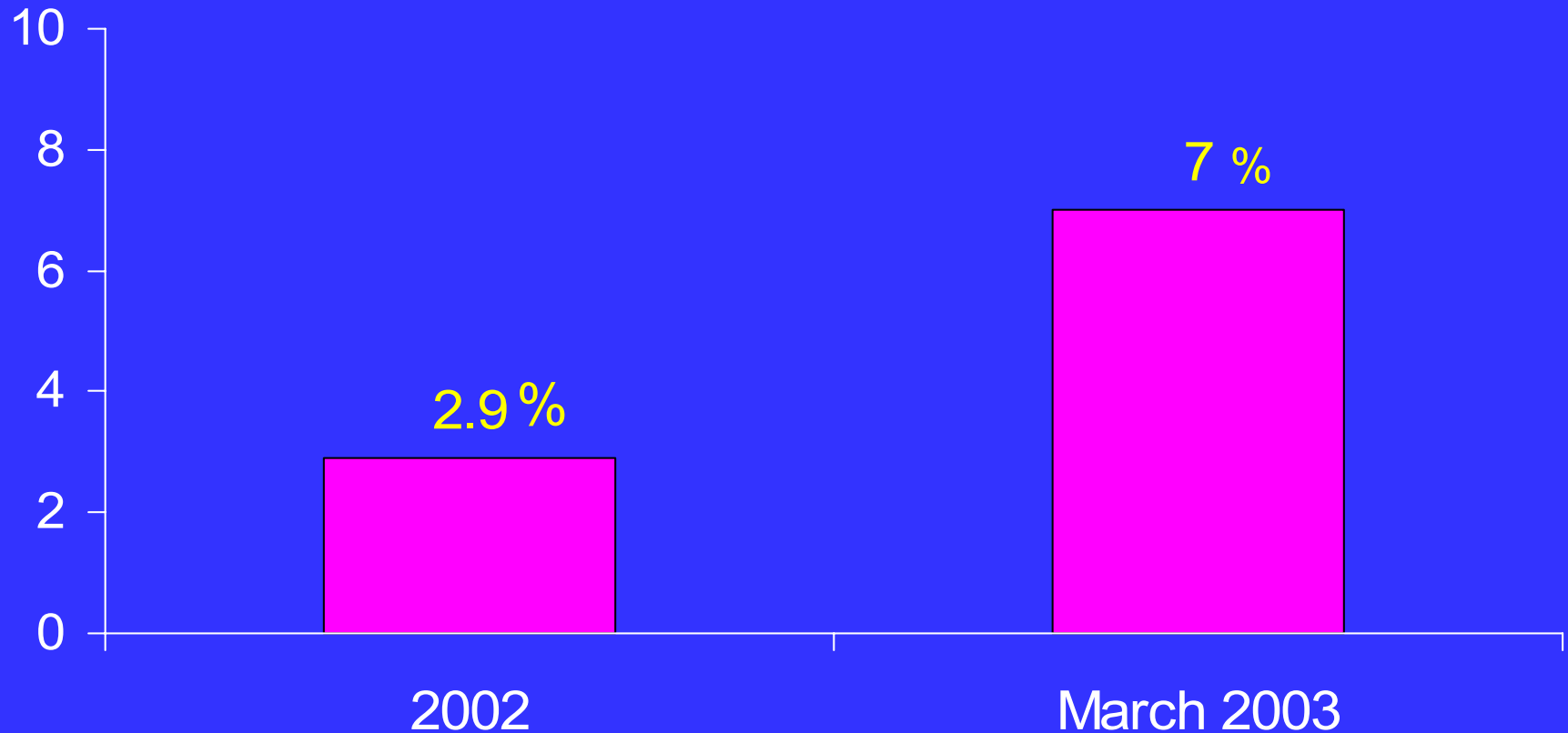
Successfully Increasing Developmental Screening at Guilford Child Health



Source: The North Carolina ABCD Project: A New Approach for Providing Development Services in Primary Care Practice. August 2002.

Rate of Children Referred for Developmental Services Increased in North Carolina

Percent of children referred for additional services after screening



Source: Helen Pelletier and Melinda Abrams, *ABCD: Lessons from a Four State Consortium*, Commonwealth Fund, December 2003.

About the ABCD II Collaborative

- Builds on previous collaborative
- 25 states competed to join
- Five selected in late 2003 (\$ and assistance)
 - California
 - Illinois
 - Iowa
 - Minnesota
 - Utah

Common Goals of Selected States

1. Increase appropriate, effective screening by pediatricians
2. Ensure providers and families have information they need to identify, treat, and refer
3. Ensure that referrals are effective

Re-engineering Delivery of Care to Improve Quality of Services

General Approaches:

- Merging programs
- Building new models of care
- Introducing new tools or methods to existing programs or services
- Revising policy or regulations

Activities States Are Undertaking to Improve Developmental Services

1. Clarify agencies responsibilities
2. Identify potential policy and delivery system changes
3. Improve service coordination across agencies
4. Implement QI activities
5. Provide education to health care providers
6. Clarify standards of care expected
7. Recommend screening instruments
8. Identify referral resources
9. Expand services to include assessment of family
10. Form statewide quality partnerships
11. Routinely assess quality of preventive services
12. Revise provider manual

Legislative Roles in Supporting Developmental Health in Medicaid

- Assure reimbursement structures support provision of developmental health services
- Assure monitoring includes provision of developmental health
- Assure professional development and education offer opportunity for pediatric practitioners to make use of Medicaid developmental health options
- Foster effective referrals and coordination across pediatric care, special education, and other developmental services